Exhibit H

(MUSC Invoice for Mrs. Reynolds' Records, dated 2/5/14)



GÖÖDING & GOODING

265 BARNWELL HWY PO BOX 1000 ALLENDALE, SC 29810-1000



INVOICE

Invoice #:

26780536

Inv. Date:

2/5/2014

Due Date:

2/15/2014

Terms:

Net 10

Patient: Account # Claim/File #:

REYNOLDS, ANGELA

Shipping:

265 BARNWELL HWY PO BOX 1000

ALLENDALE, SC 29810-1000

Facility: MEDICAL UNIVERSITY OF SOUTH CAROLINA

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 13 Basic Fee \$15,00	<u>19</u>	i	\$0.00
Gopy Charge \$0.65 Pgs. 1-30	<u>/</u> [3		\$15.00 \$8.45

Product Total; \$ 23.45 \$ 1.52 Postage: State Tax: 6.00% City/local Tax: 2.00% Sales Tax \$ 2,00 (8.00%)Grand Total; \$ 26.97 Credits/Payments: \$0.00 Amount Due: \$26.97

Please Note: This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2:

Payment Options:

Use your credit card online at payportal logincorporated.com Use your credit card by phone at 866-420-7455 Option 1 By mail; please include the payment sheet (page 2) with your check to ensure that your payment is properly applied.

lod Incorporated TaxID No. 65-0765287 P.O. Box 19072, Green Bay WI, 54307-9072 Phone: 866-420-7455 Option 1 * Fax: 920-406-6537

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INVOICE



PAYMENT SHEET PLEASE RETURN THIS WITH YOUR PAYMENT.

MAKE PAYMENT TO:

lôd incorporated PO Box 19072 Green Bay, WI 54307-9072

TaxID No. 65-0765287

invoice No:

26780536

Requester:

GOODING & GOODING

Account #:

Patient Name:

REYNOLDS, ANGELA

Amount Due:

26.97

Amount Pald \$

Check No.

To make an online payment, please go to payportal iodincorporated com

lod incorporated TaxID No. 65-0765287 PO Box 19072, Green Bay WI, 54307-9072 Phone: 866-420-7455 Option 1 * Fax; 929-406-6537

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